



**ALLIANCE
COAL, LLC**

JASON N. HECK
ENVIRONMENTAL COORDINATOR



August 24, 2009

**DEP Division of Water
Surface Water Permits Division
Permit Support Section**
200 Fair Oaks Lane
Fourth Floor
Frankfort, KY 40601
Phone: 502-564-3410

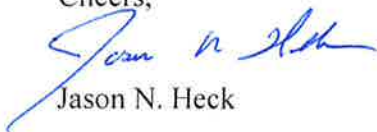
RE: Renewal of Application -- KPDSE # KY0104281
Warrior Coal, LLC
Hopkins County, KY

Dear Mr. Cleaver,

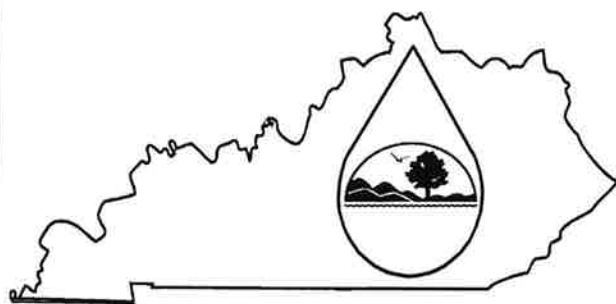
Please find enclosed Form SC for our Warrior Coal, LLC KPDSE permit renewal.

If there are any questions regarding these matters or anything else I can provide, please contact me at (859)685-6356.

Cheers,


Jason N. Heck

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Warrior Coal, LLC							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				5			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): The permitted lagoon is for the waste water runoff from the onsite bathhouse. The capacity of the lagoon was based on the number of miners that use the facility. The bathhouse water is treated by an extended aeration treatment system that discharges to a sediment basin (Basin 001) on the mine site, where it is commingled with surface drainage from the mining activity.							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.009 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	37	22	23	87	36	43	U.T. of Pond Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)							

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
002	Wastewater treatment	9,000 gal/day	Sewage Lagoon #2	3-B, 2-F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☒ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☒ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input checked="" type="checkbox"/>	Iron	0.21 mg/L
<input checked="" type="checkbox"/>	Manganese	0.20 mg/L

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	NA per year	NA per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	NA per year	NA per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	1
Give the number of times discharge occurs per year	Daily
Give the average volume per discharge occurrence	9,000 (1,000 gallons)
Give the average duration of each discharge	1 (days)
List month(s) when the discharge occurs	J F M A M J J A S O N D

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
NA	
TOTAL POPULATION SERVED	


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
NA		
NA		
NA		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅		14 mg/L	1
TOTAL SUSPENDED SOLIDS		15mg/L	1
FECAL COLIFORM		0 colonies/100 mL	1
TOTAL RESIDUAL CHLORINE		0.08	1
OIL AND GREASE		NA	
CHEMICAL OXYGEN DEMAND		NA	
TOTAL ORGANIC CARBON		NA	
AMMONIA		0.33 mg/L	1
DISCHARGE FLOW		0.1 MGD	1
PH		9	1
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)		27° C	1

B. Frequency and duration of flow:	
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Raymond R. Ashcraft Jr. - Manager Environmental Affairs	TELEPHONE NUMBER (area code and number): (859)224-7225
SIGNATURE 	DATE 5/24/2009



Analysis Report

August 14, 2009

WARRIOR COAL
57 JE ELLIS ROAD
MADISONVILLE KY 42431

Page 1 of 1

ATTN: Greta Wright

Client Sample ID:	WCS1-001	Field - pH:	9
Date Sampled:	Jul 31, 2009	Field - Flow:	0.1
Date Received:	Jul 31, 2009	Sample Point:	WCS1-001
Product Description:	WATER	Field - Dis. Oxygen:	6.58
		Field - Temperature:	29
		Permit #:	854.0241
		Water Elevation:	

Comments: Total Residual Chlorine: 0.08

SGS Minerals Sample ID: 511-0935311-001

<u>Tests</u>	<u>Result</u>	<u>Unit</u>	<u>Method</u>	<u>ANALYZED</u>		
				<u>DATE</u>	<u>TIME</u>	<u>ANALYST</u>
Sulfate, SO ₄	36	mg/L	ASTM D516	08/07/2009	12:59:00 PM	JR
Fecal Coliform	0	Colonies/10 ^l	SW-846 9222A	08/03/2009	4:00:00 PM	DM
Acidity as mg CaCO ₃ /L	-48	mg/L	SM 2310	08/05/2009	3:01:00 PM	SN
Conductivity	219	µS/cm	SM 2510	08/04/2009	9:31:00 AM	RC
Total Suspended Solids	15	mg/L	SM 2540 D	08/04/2009	11:57:00 AM	SN
Alkalinity, mg CaCO ₃ /L (pH 4.5)	52	mg/L	SM 2320	08/05/2009	3:01:00 PM	SN
Ammonia Nitrogen, Total	0.33	mg/L	EPA 350.3	08/13/2009	10:56:00 AM	RC
GENERAL WATER QUALITY						
Carbonaceous BOD (CBOD ₅)	14	mg/L	SM 5210 C	08/01/2009	10:30:00 AM	DM
METALS BY ICP						
Iron, Fe - Total	0.21	mg/L	EPA 200.7	08/07/2009	11:09:00 AM	RC
Manganese, Mn - Total	0.20	mg/L	EPA 200.7	08/07/2009	11:09:00 AM	RC


RON CHRISTIAN

SGS North America Inc. Minerals Services Division
618 Bob Posey Street Henderson KY 42420 t (270)-827-1187 f (270)-826-0719 www.sgs.com/minerals

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